

## **INFORMATION SYSTEMS ADVISORY COMMITTEE**

Meeting  
Albuquerque, New Mexico  
July 13, 2001  
8:30a.m. - 2:00p.m.

### **Committee Members Participating:**

Don Kashevaroff, Co-Chair, Tribal,  
Alaska Area  
Keith Longie, Co-Chair, IHS, Phoenix  
Bob Beneke, IHS, Aberdeen Area  
Richard Church, IHS, Rockville  
Mike Danielson, IHS, Billings Area  
Floyd Dennis, IHS, Nashville Area  
Wayne Issacs (Malicay proxy), Tribal,  
Sonoma County Indian Health  
Susie John, IHS, Tuba City  
Carolyn Johnson, IHS, Warm Springs  
Clark Marquart, IHS, CMO  
Luana Reyes, IHS, Rockville  
Jerry Shanks, IHS, Claremore  
Jaloo Zelonis, Nurse Consultant, IHS,  
Clinical Councils  
Ron Wood, IHS, Navajo Area

### **Committee Members Absent:**

Jim Roberts, Tribal, NIHB  
Kay Culbertson, Urban, NCUI  
E. Crispin Kinney, IHS, OEH

### **Additional Participants:**

Dr. Stan Griffith, ITSC, IHS  
Richard Hall, Tribal, Alaska Area  
Wesley Old Coyote, IHS, Navajo Area  
Russ Pittman, ITSC, IHS  
Ken Russell, ITSC, IHS  
Christy Tayrien, CIO Office, IHS (recorded minutes)

### **Minutes/Agenda Approval:**

Meeting was called to order at approximately 8:30a.m. A quorum was present. No previous meeting minutes were reviewed. Agenda items approved for action/discussion are listed below:

### **Agenda Items:**

1. Information Technology (IT) Investment Update, Status of the \$82 million IT Plan (where do we go from here)
2. Data Quality Action Team Report and Recommendations
3. ISAC Nominations and Discussion
4. Information Technology and Program Support Conference Wrap-up, What did we learn?
5. September Meeting Planning

No additions were noted.

**IT INVESTMENT UPDATE, STATUS OF THE \$82 MILLION IT PLAN (WHERE DO WE GO FROM HERE?)**

**Presenters: Russ Pittman, Director, Information Technology Support Center (ITSC), IHS, Don Kashevaroff and Keith Longie, ISAC Co-Chairs**

The ISAC proposal recently made to various IHS leadership groups asked for a set percentage of IHS budgeted programs, i.e., diabetes and alcohol, to be transferred to the Information Technology (IT) budget. Dr. Trujillo and several tribes supported the proposal. However, the final budget for Fiscal Year (FY) 2002 did not reflect the ISAC's proposal. The Diabetes Program specifically targeted approximately \$250,000 for their Resource and Patient Management System (RPMS) software application, Diabetes Management, and how data moves into the IHS Data Warehouse. The Alcohol Program set aside approximately \$3 million for IT, specifically for the Mental Health/Chemical Dependency Management Information System (MH/CDMIS) RPMS software application project, and for data movement.

Mr. Russ Pittman discussed the FY 2002 IT budget request. The IHS is asking for a \$4 million increase. Other possible contributions for FY 2002 include:

- \$2.5 million for specific projects
- Areas/Sites will provide individual funding for specific items such as PCC+, Point of Sale Pharmacy
- Security and Innovation Fund - The Department of Health and Human Services (HHS) has \$30 million competitively available in their new Security and Innovation Fund
- Universal Service Fund - the IHS has submitted 224 applications to USAC for IHS direct, tribal, and urban sites for telecommunications needs.

**Discussion:**

The ISAC members held a lengthy discussion as to what the next ISAC strategy should be to seek additional funding for IT investments. General consensus from the discussion was that the ISAC's role was not to find a solution but rather to recognize the need for additional IT investment funding and convey it to appropriate officials.

**Recommendations:**

- Write a letter to the Director, IHS, conveying the need for additional IT investment funding and identify issues discussed at the meeting today.
- Seek feedback from tribes on IT investment funding.
- Ask that the Director, IHS, contribute funds from the Special Management Initiative fund. Tribes have contributed to funding IT projects in the past. Ask the Director, IHS to consider matching these funds.
- Write a letter and report of IT accomplishments to all constituents.
- Write a letter to tribal leaders on what the ISAC sees as the IT investment need, what has been done, and what could not be accomplished due to inadequate funding.
- Develop a congressional information package for tribal leaders to use.

**ISAC Actions:**

None.

## **DATA QUALITY ACTION TEAM REPORT AND RECOMMENDATIONS**

**Presenter: Dr. Stan Griffith, ITSC, IHS**

Dr. Griffith gave a progress report on the activities of the Data Quality Action Team. The most current progress report of the Team can be found at <http://www.ihs.gov/CIO/DataQuality/index.asp>. The Team was established in March 2001 to address data quality issues within the IHS. The Team has received outstanding support from the Division of Information Resources (DIR), IHS, since its inception in March. It has been given adequate authorities to accomplish its charge, and the Team's actions are openly communicated to all. Their main focus is on improvements to the quality of data being generated.

### Data Quality Action Team Progress:

- Conducting inventory of existing data
- Communicating with all and coordinating with related groups
- Providing user access to the National Patient Information Reporting System (NPIRS) data
- Unduplicating patients in reports
- Re-instituting regular production of workloads and user pops
- Implementing a new National Data Warehouse

### Data Quality Action Team Recommendations:

- Improve local data capture
  - Data entry staff trained in medical terminology
  - Professional coders
  - Routine auditing of data entry, clinical recording
  - Training for data entry, coding, clinical, and other staff
- Area level
  - Monitor error logs
  - Monitor transmission logs
  - Assist the Team in setting up an enhanced file tracking and verification system
- Implement current & newly available systems
  - PCC+
  - Patient Chart
  - Other RPMS/ PCC systems (Diabetes Management, Lab, etc.)
- Unduplicate patient records
- Personally contact Tribal non-RPMS programs to solicit their participation in the registration re-export
  - Stat Officer workgroup will provide briefing materials
  - ITSC will provide consultation on technical requirements

### Data Quality Action Team Policy Issues:

- The Data Quality Action Team has drafted a policy for access to NPIRS data for non-research use. The ISAC was concerned with how IHS would ensure "non-research use." Dr. Griffith explained that access would have to be controlled.
- The ISAC also recommended that the Team develop a policy related to unduplicated patient counts and have it reviewed by all groups it applies to before finalizing it for signature by the Director, IHS.

### ISAC Actions:

None.

## ISAC NOMINATIONS AND DISCUSSION

**Presenters: Don Kashevaroff and Keith Longie, ISAC Co-Chairs**

The ISAC reviewed several nominations from Area health boards, tribes, and individuals for four vacant ISAC tribal representative positions and two IHS positions. There are five vacancies for two-year terms and one vacancy with a year remaining of a two-year term. In accordance with the ISAC charter and the present composition of the Committee, attention was given to providing for a diversity of perspective in terms of geography, size of program, mode of service and contracting instrument, as well as the nominees' experience and background.

After careful consideration, the ISAC is recommending the following individuals for membership to the Director, IHS:

<u>Nominee</u>	<u>Organization</u>	<u>Term</u>
Chuck Walt, MPH	Administrator Human Services Program Fond du Lac Reservation Cloquet, Minnesota	2 years/Tribal
Reece W. Sherrill, MBA	Assistant Administrator Choctaw Nation Health Services Authority Talihina, Oklahoma	2 years/Tribal
Richard A. Hall, MS	Chief of Data Management Alaska Native Medical Center Anchorage, Alaska	2 years/Tribal
Wesley Cox, R.Ph.	Chief Pharmacist/ Site Manager Kickapoo Tribe of Oklahoma McLoud, Oklahoma	1 year/Tribal
Carolyn Johnson (Reappointment)	Health Information Specialist Warm Springs Service Unit Warm Springs, Oregon	2 years/IHS
Susie John, M.D. (Reappointment)	Chief Executive Officer Tuba City Indian Medical Center Tuba City, Arizona	2 years/IHS

### ISAC Actions:

1. The ISAC will submit the necessary paperwork to Dr. Trujillo, Director, IHS, making the recommendations for appointment/reappointment.
2. Letters will be sent to all Area health boards, tribes, and individuals who nominated persons thanking them for their nominations and notifying them of the selections made.

## **INFORMATION TECHNOLOGY AND PROGRAM SUPPORT CONFERENCE WRAP-UP, WHAT DID WE LEARN?**

**Presenters: Don Kashevaroff and Keith Longie, ISAC Co-Chairs**

The ISAC discussed their experiences at the conference and made recommendations for next year. Overall, the Committee was very pleased with the conference, presenters, and range of subjects covered.

The ISAC did, however, feel that the meeting facilities lacked adequate space. Russ Pittman, ITSC Director, pointed out that there were 927 attendees at this year's conference, an overwhelming and unexpected success. Facilities were scheduled with an estimate of 500-600 attendees based on previous years' attendance.

Recommendations for next year's conference include:

- Televideo links for persons who cannot travel to the conference
- Videotaping key sessions
- Making sessions available on the Internet
- Expand the clinical meetings/trainings and CME opportunities
- Need to set agenda earlier so travel arrangements can be made
- Schedule conference in the winter instead of summer
- Would like to see more sessions targeted toward Service Unit Directors/Tribal Health Directors, senior management, and clinicians
- No other sessions should be scheduled during the opening/general session and keynote addresses
- Need more representation in conference planning from outside the DIR especially if CMEs or CEUs are being offered
- Have the Clinical Support Center help with the conference planning from the start
- Longer sessions with 2-3 speakers per session
- Limit the number of sessions

ISAC Actions:

None.

## **SEPTEMBER MEETING PLANNING**

**Presenters: Don Kashevaroff and Keith Longie, ISAC Co-Chairs**

The ISAC set the next ISAC meeting dates for September 17-18 in Denver, Colorado. The National Indian Health Board will be meeting from the 18-20<sup>th</sup> at the Adams Mark in Denver and the ISAC plans to present at their conference.

ISAC Actions:

1. Agenda items must be submitted to the Co-Chairs by the third week in August. Agenda items approved at this meeting include the following:
  - A. Professional Specialty Group Information (Existing, Active, Members, Interaction, Scope)
  - B. Enterprise Information Management
  - C. HHS representative-Information Technology Consolidation

D. DIR/ITSC Progress Report  
E. Yearly ISAC Meeting Plan

2. Don Kashevaroff, Co-Chair, will contact NIHB for assistance in registering the ISAC as a presenter at the NIHB Conference as soon as possible.
3. Don Kashevaroff, Co-Chair, will contact NIHB for assistance in reserving a meeting room for the ISAC at the Adams Mark in Denver for September 17-18<sup>th</sup> as soon as possible.